

Effective on 12/08/04

Patents and Trademarks Office

# FEET TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1810.00)

<i>Complete if Known</i>	
Application Number	09/886,771
Filing Date	June 21, 2001
First Named Inventor	Paul S. Bradley
Examiner Name	Zicht, Patricia C.
Art Unit	2164
Attorney Docket No.	MS 163193.01
Express Mail Label No.	N/A

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

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**FEES CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	0

**2. EXCESS CLAIM FEES**

Fee Description

	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100
Multiple dependent claims		360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
31	- 31 or HP= 0	x 50	= 0.00
HP = highest number of total claims paid for, if greater than 20			
Indep. Claims	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
4	- 4 or HP= 0	x 200	= 0.00
HP = highest number of independent claims paid for, if greater than 3			

Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
0	0

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100 = 0	/ 50 = 0	(round up to a whole) number x 250	= 0	

**4. OTHER FEE(S)**

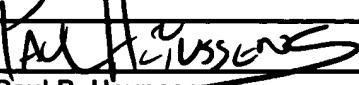
Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination/Extension of Time Request

0

1810

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 47,648	Telephone (425) 707-3913
Name (Print/Type)	Paul B. Heynsens		Date